

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 3057

Registrar's No. 40003063

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY ST. FRANCOIS.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BONNE TERRE

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY ST. FRANCOIS.

c. CITY
OR TOWN ESTHER.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
PENN. ST.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First ALVIN

Middle LEE

Last BYINGTON

4. DATE OF DEATH

Month JAN

Day 30

Year 1965

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/20/1897

9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MINER

10b. KIND OF BUSINESS OR INDUSTRY

LEAD MINER

11. BIRTHPLACE (City and state or country)

ST. GENEVIEVE CO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOSEPH BYINGTON.

13b. MOTHER'S MAIDEN NAME

JOSEPHINE JANIS

14. NAME OF HUSBAND OR WIFE

ELSIE BYINGTON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
YES W.W.I.

17. INFORMANT

Address

MRS LARNIE PENBERTHY GROVE CITY, OHIO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-3-64 to 1-30-65 and last saw him alive on 1-30-65
Death occurred at 4:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. Gould Dennis MD

22b. ADDRESS

Flat River Mo.

22c. DATE SIGNED

2-1-65

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

FEB/2/65

23c. NAME OF CEMETERY OR CREMATORY

K.P. CEMETERY

23d. LOCATION (City, town, or county)

NEAR FARMINGTON, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

CALDWELL & SONS FLAT RIVER, MO.

25. DATE RECD. BY LOCAL REG.

Feb. 1-1965

26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10941
20946

3
4 0
5 1
6
7 0
8
9 1200
10
11
12 1-0
13 1-0

JUN 16 1965

0308040

FEB 10 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.